## CARVER SOIL AND WATER CONSERVATION DISTRICT



## **CSWCD Pollinator Habitat Improvement Program Application**

Applicant(s) Name(s):		
Home Address:		
Phone:		
Property ID Number (PID)		
Email:		
Address of Project if different then your home address:		
Have you had a site visit with C	SWCD Staff?	
Yes		
Are all plants being used native	to the Midwest?	
Yes		
Will there be at least 3 bloomin	g species per season?	
Yes		
Is the project over 250 square fe	eet	
Yes		The state of the s
The project will be maintained	for at least 10 years	

Yes

Total Pollinator Project Cost:			
Estimated Start Date:			
Estimated Completion Date:			
Please describe the project in	letail:		
Total Square feet being converte	ed into pollinator habitat:		
Total Square feet of lawn being	converted:		
How will your project increase	e awareness of the importa	ance of pollinator habitat?	,

Could we highlight you	ır project on a tour	or training event?		
Yes				
May we share your proj	ject with the comm	unity on our website, s	social media, or other media?	
Yes				
			es, common name, and quantity), ng areas). <i>MUST be approved by SWC</i>	Œ
Yes				
I understand that if my agreement to maintain			ganization will enter into 10 year	
Yes				
Project will not begin ur agreement has been sign		ed by Carver SWCD bo	oard and contract as well as maintenan	ce
Yes				
Have you applied for ar	ny other grant fund	ing for the project? (St	rate or Local)	
Yes	No			
Landowner Signature:			Date:	